

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
2	1					
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20		6				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27	1					
28		1				
29		1				
30		1				
31		1				
32	1					
33		4				
34		5				
35		5				
36		5				
37		5				
38		5				
39		5				
40		5				
41		5				
42		5				
43		5				
44		5				
45		5				
46		5				
47		5				
48		5				
49		5				
50		5				
TOTAL IND.	9					
TOTAL DEP.		160				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		4				
52		4				
53		4				
54		4				
55		4				
56		4				
57		4				
58		4				
59		4				
60		4				
61		4				
62		4				
63		4				
64		4				
65	1					
66		1				
67	1					
68		1				
69	1					
70	1					
71	1					
72		4				
73	1					
74		9				
75		9				
76		9				
77		5				
78		5				
79		4				
80		5				
81		5				
82		5				
83		5				
84		5				
85		5				
86		5				
87		5				
88		5				
89		5				
90		5				
91		9				
92		9				
93		9				
94		9				
95		9				
96		9				
97		9				
98		9				
99		9				
200		9				
TOTAL IND.	6					
TOTAL DEP.		195				
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12	1					
13						
14						
15						
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29		6				
30		4				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		3				
39		1				
40						
241	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.		104				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
253	1					
54						
55						
56						
57	1					
258	1					
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
300						
TOTAL IND.	3					
TOTAL DEP.		5				
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17						
18						
19	1					
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41		4				
42	1					
43	1					
44						
45		1				
46	1					
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	8					
TOTAL DEP.		89				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		3				
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		3				
67		3				
68		3				
69		3				
70		3				
71		3				
72		3				
73		3				
74		3				
75		3				
76		3				
77		3				
78		3				
79		3				
80	1					
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97	1					
98		1				
99		1				
100		1				
TOTAL IND.	2					
TOTAL DEP.		106				
TOTAL CLAIMS						

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